

FY 2010 PERFORMANCE PLAN

Department on Disability Services

MISSION

The mission of the Department on Disability Services (DDS) is to provide innovative high quality services that enable people with disabilities to lead meaningful and productive lives as vital members of their families, schools, workplaces and communities in every neighborhood in the District of Columbia.

SUMMARY OF SERVICES

The Department on Disability Services (DDS) is composed of two Administrations that oversee and coordinate services for residents with disabilities through a network of private and non-profit providers. The Developmental Disabilities Administration (DDA) ensures that residents with intellectual disabilities receive the services and supports they need to lead self-determined and valued lives in the community. DDA achieves this through the delivery of outreach and service coordination services; the development and management of a provider network delivering community residential, day, vocational, employment and individual and family support services; and the operation of a comprehensive quality management program. The Rehabilitation Services Administration (RSA) focuses on employment, ensuring that persons with disabilities achieve a greater quality of life by obtaining and sustaining employment, economic self-sufficiency and independence. RSA achieves this through employment marketing and placement services, Social Security Disability Insurance determinations, vocational rehabilitation, inclusive business enterprises and supports for the D.C. Center for Independent Living.

PERFORMANCE PLAN DIVISIONS

- Developmental Disabilities Administration (DDA)
- Rehabilitation Services Administration (RSA)
- Office of the Director

Rehabilitation Services Administration

SUMMARY OF SERVICES

The Rehabilitation Services Administration (RSA) provides quality comprehensive vocational rehabilitation (VR) and independent living services to eligible individuals with disabilities. RSA services, which include job counseling, development, placement, and retention, assist consumers to prepare for, obtain, and maintain competitive employment. The DDS/RSA markets the placement of its consumers in high growth and high demand employment to improve their independence and self sufficiency.

OBJECTIVE 1: Increase the number of employment outcomes in the Washington D.C., Metropolitan area, with priority given to those with significant and most significant disabilities.

INITIATIVE 1.1: Increase community outreach by deploying VR counselors strategically throughout the District.

Reengineer the work locations of VR counselors and their outreach efforts, especially to areas with a high density of potential DDS/RSA consumers, particularly those with the most significant disabilities. The on-site presence of VR counselor at varied community and government locations, and their increased participation in area neighborhood community (ANC) meetings and public service media in every ward, will lead to greater awareness and participation in VR services. The goal of this initiative is to improve referrals into the system by 10% in FY2010.

INITIATIVE 1.2: Increase funding and enrollment of DDS/RSA consumer for specialized vocational and/or postsecondary college training.

VR counselors will review consumer assessments and employment plans to identify and refer DDS/RSA consumers to remedial, pre-vocational, job readiness, and career development skills programs. A targeted focus on specialized training will lead to an increased number of DDS/RSA consumers enrolled in, and completing these programs for the purpose of increased employment outcomes and an improved average hourly wages earned.

INITIATIVE 1.3: Ensure VR Counselors are managed by and meet a minimum standard for customer employment outcomes.

Identify and manage by employment outcome standards included in each counselor's performance management plan. RSA will improve agency forecasting of employment outcomes to ensure that VR counselors are aware of and achieve performance expectations.

INITIATIVE 1.4: Improve and expand the Assistive Technology (AT) Resource Center.

The Assistive Technology Resource Center within RSA provides clients with the ability to learn the benefits of various AT equipment and determine its relevance to their specific disability. DDS/RSA will upgrade the Center's functionality via the purchase state-of-the-art assistive technology equipment and devices, and the training of staff and

DDS/RSA consumers on its use. RSA will further develop an assessment and referral process for determining the need for assistive technology by DDS/RSA consumers. Center upgrades will be completed with a measurable increase in utilization by the close of 2010.

INITIATIVE 1.5: Provide expanded supported employment services in integrated work settings to DDS/RSA consumers with serious mental illness, intellectual disabilities, and traumatic brain injuries.

Increase community-based employment outcomes for individuals who have difficulty obtaining competitive employment. DDS/RSA will increase the number of individuals in supported employment by 15% by the close of FY2010.

OBJECTIVE 2: Improve the efficiency of RSA operations

INITIATIVE 2.1: Increased supervision and monitoring of the service delivery process. In order to ensure the quality and timeliness of RSA service delivery, RSA will incorporate quality assurance reports in weekly/monthly supervisory meetings, which will monitor as consumers move through the RSA process in accordance with established federal guidelines. These meetings will begin in the first quarter of 2010.

INITIATIVE 2.2: Implement new VR case management system.

Effectively track and process case management activities through the new case management system and begin to automate more processes from auditing to reporting. Improve the use of performance reporting needed to notify managers of the length of time consumers spend in various service status categories. The new system will be live and operational in the second quarter of 2010.

OBJECTIVE 3: Improve DDS/RSA's overall customer service to individuals with disabilities.

INITIATIVE 3.1: Increase the number of Certified Rehabilitation Counselors (CRCs).

Recruit and hire two new Certified Rehabilitation Counselors (CRCs) or those whom are eligible to be CRCs. Further, RSA will support current staff to ensure that they obtain or maintain certification. The goal is to increase by three the number of CRCs by the close of 2010.

INITIATIVE 3.2: Actively recruit bilingual staff to create a culturally diverse workforce that meets the vocational rehabilitation needs of minority populations.

Advertise vacancy announcements through universities and job search websites that target and attract bilingual candidates, in order to hire two new bilingual counselors, especially those whom are Spanish speaking, by the close of 2010.

INITIATIVE 3.3: Address the concerns of DDS/RSA consumers in a timely manner.

Implement preventive and informal remediation procedures to address consumer concerns prior to initiation of the administrative process. Procedures should be completed

in the first quarter of 2010 and administrative reviews and hearings reduced by the third quarter of 2010.

OBJECTIVE 4: Build and strengthen the capacity of DDS/RSA providers to provide quality VR services to a diverse group of individuals across disability types, and expand the pool of available qualified employer candidates.

INITIATIVE 4.1: Hire a Benefits Counselor to provide benefits and work incentive counseling to VR consumers with disabilities receiving SSI, SSDI, TANF and other forms of public assistance for the purpose of preparing these individuals for placement in competitive employment.

Provide the needed employment/training supports, highlight the value of employment and reduce dependency on public assistance. Improve the percentage of DDS/RSA consumers using federal work incentives and the number of such persons who are employed for at least 90 days. Benefits counselor will be hired in the first quarter of 2010.

INITIATIVE 4.2: Expand the service capacity of DDS/RSA through increased partnerships with Community Rehabilitation Programs (CRPs) to provide direct VR employment counseling, job training, and other services to clients.

Increase the diversity and quality of VR consumer services and informed choice. Increase the number of CRPs available for consumer choice by 40% by the close of 2010.

OBJECTIVE 5: Strengthen and expand collaboration and coordination of transition services to improve vocational, post-secondary, employment and career opportunities for youth transitioning from school to work.

INITIATIVE 5.1: Begin developing Individual Plans for Employment (IPE) earlier for transition students, during their junior year of school. Earlier development will improve the likelihood that students will have a comprehensive, completed plan upon graduation.

Counselors strategically deployed in local area schools will increase the number of completed school to work IPE's prior to students' graduation, and improve the chances of employment upon completion of school. This will begin in the first quarter of 2010.

INITIATIVE 5.2: Build partnerships to increase the number of youth with disabilities in summer and year round employment.

Enhance partnerships, such as those with the Mayor's Summer Youth Employment Program, Bridges, Project Search, private employers, and Serve DC to increase the number of youth participating in competitive employment, postsecondary education, and training programs.

PROPOSED KEY PERFORMANCE INDICATORS – Rehabilitation Services

Administration

Measure	FY08 Actual	FY09 Target	FY09 YTD	FY10 Projection	FY11 Projection	FY12 Projection
Number of clients served	5,800	6,200	5,951	6,500	6,800	7,000
Total referrals	2,103	2,200	1,974	2,500	2,700	2,800
Number of applicants classified as having the most significant disabilities	NA	NA	1,395	1,500	1,600	1,650
Clients graduating from vocational training	137	150	108	175	200	225
Number of clients employed for 90 days or more	576	394	410	600	750	900
Percent of cases exceeding Federal timeframes from eligibility to plan development	41%	10%	13%	5%	4%	3%
Average time taken for development of Individualized Plan (in days)	NA	NA	90	80	70	60
Number of Certified Rehabilitation Counselors	5	7	8	11	15	20
Number of bilingual staff members	13	14	15	17	18	20
Number of CRPs available to provide services	7	7	7	10	15	20
Number of transition referrals.	368	450	468	525	550	600
Percent of transition aged youth in their junior year or later with an IPE initiated	NA	NA	NA	50%	65%	75%

Developmental Disabilities Administration

SUMMARY OF SERVICES

The Developmental Disabilities Administration enables individuals with intellectual disabilities to maximize their independence and exercise meaningful choice and control over their own lives through greater access to services, participant-centered service planning and delivery and increased provider capacity. DDA coordinates residential and day services for individuals, and promotes the health and wellness of individuals with intellectual disabilities through participant safeguards and a robust quality assurance program.

OBJECTIVE 1: Participant Access – Assure necessary services and supports for participant access are available and initiated in a timely manner.

INITIATIVE 1.1: Support consumer choice by conducting quarterly outreach activities to providers and the general public, and improving access to information through the DDS website.

Institute provider information sessions, inter-agency liaison assignments, and relationship building with community resources to ensure the public and providers are aware of the opportunities and options for service providers. The online posting of information and provider reviews will further increase informed consumer choice. These activities will commence at the beginning of FY 2010 with the expectation of substantially higher web traffic by the end of the fiscal year.

INITIATIVE 1.2: DDA will reduce the time between identification of service need, completion of an initial individual plan, issuance of an authorization for service, identification of a service provider and implementation of the service.

DDA will create data systems by the close of the first quarter 2010 which identify and track the various steps in person-centered planning and implementation leading to service delivery for newly eligible individuals to DDA. DDA will improve the timeliness of service delivery for newly eligible clients, so that 75% of all cases meet policy guidelines by the end of FY2010.

OBJECTIVE 2: Participant-Centered Service Planning and Delivery –Improve the performance of DDA Service Coordination to ensure timely completion of all ISPs and full implementation of all necessary services and supports.

INITIATIVE 2.1: Monitor and guide DDA Service Coordination through enhanced information systems tools to ensure the completion and delivery of client's Individualized Service Plans (ISPs) in a timely manner.

Through the use of operational dashboards and performance reports, which aggregate and monitor ISP data, services and supports will be effectively implemented in accordance with the individual's needs and preferences. Dashboards will be implemented in the first quarter of 2010 and improvements in ISP delivery will be shown by the end of 2010.

INITIATIVE 2.2: Improve the quality and effectiveness of DDA monitoring activities and analysis by DDA Service Coordination, Provider Management and

Quality Management Divisions and the DC Health Resources Partnership (DCHRP).

Implement a web-based agency Issue Resolution System to report and ensure timely resolution of identified issues, ranging from narrow problems with a specific individual to more systemic concerns with providers in general. Implement a Service Coordination Audit Practice to ensure monitoring and other activities are completed effectively. System should be online in first quarter 2010.

OBJECTIVE 3: Provider Capacity and Capabilities – Continue to recruit and retain only qualified providers and implement a mechanism to remove poorly performing providers.

INITIATIVE 3.1: Increase successful recruitment of specialized day, residential and clinical service providers.

DDA will reduce or eliminate all identified service gaps created by the lack of available qualified providers by the close of FY2010. Specially, DDA aims to enhance and build provider expertise in psychology, behavioral health, and clinical services by recruiting at least four qualified providers to the District.

INITIATIVE 3.2: Fully implement the Provider Readiness Protocol and revise, with the Department of Health Care Finance, the Home and Community Based Services (HCBS) waiver provider application/enrollment requirements and process.

Full implementation of the Provider Readiness Protocol will involve implementation of a more consistent and detailed process to assure prospective and existing providers possess and demonstrate the capability to effectively serve individuals with disabilities. DDA will also improve provider quality by increasing the minimum requirements for enrollment under the HCBS waiver, requiring on-site and in-person demonstration of qualifications. Further, DDA will increase by 25% the number of providers approved in the previous year that are retrospectively reviewed using the new Provider Readiness Protocol. The HCBS waiver provider application will be revised in the first quarter of 2010.

INITIATIVE 3.3: Improve provider performance.

Execute a contract for an external Quality Assurance contractor to implement the HCBS waiver provider certification program. Fully implement the Performance Management program via improved information systems and implementation of Quality Improvement activities by the DDA Provider Resource Management Unit. Promulgate policies and standards for all HCBS waiver services and mechanisms to remove poor performing service providers. These actions will be completed by close of FY2010 and result in improved individual outcomes.

OBJECTIVE 4: Participant Safeguards – Improve the performance of DDA and the provider community to meet all health, safety and welfare requirements.

INITIATIVE 4.1: Critical Incident Management – Improve the timeliness and quality of incident investigations and conduct targeted analysis of incidents to focus quality improvement activities on poorly performing providers or systems.

Implement a revised policy which increases DDA oversight over provider investigations and reduces duplicative investigations. Increase the number of investigators and improve performance of DDA Incident Management Unit. Policy will be completed and executed in the first quarter of 2010.

INITIATIVE 4.2: Expand the capacity and quality of the DDS Restrictive Controls and Human Rights Review committees.

Improve adherence to policy, procedure and best practices by the DDA Provider system, by specifically improving training, clinical services, and follow-up. Integrate findings into the DDA quality assurance and improved information management and provider performance systems. The capacity of the committees will be expanded in the first half of FY2010.

INITIATIVE 4.3: Provide training to DDA staff in psychotropic medication and medical monitoring skills.

Improve the skills of DDA staff, especially service coordinators, to assess the appropriateness of effective Health Care Management Plans and the implementation of health care services and supports by the provider community. Service coordinator's improved monitoring skills will lead to a reduction in the time persons may experience delays in receiving necessary health services or supports. Training will begin in the second quarter of 2010 and all staff will be trained by the completion of the fiscal year.

OBJECTIVE 5: Participant Rights and Guardianship – Ensure client rights are protected and needs are met by improving the timely assessment of health care decision making and subsequent guardianship proceedings.

INITIATIVE 5.1: DDA Service Coordination will ensure that all individuals are assessed for health care decision making capacity on at least an annual basis or as needed.

DDA Management and the Office of the General Counsel will implement strategies to ensure Guardianship Packages are submitted in a timely manner by Service Coordination and filed with the court by the DDA Attorney General's Office per policy. A new data system will be completed and implemented in the first quarter of 2010 in order to track guardianship initiation and filing.

OBJECTIVE 6: Participant Outcomes and Satisfaction – Increase the number of individuals who achieve quality of life outcomes in the areas of health, work, relationships and community inclusion.

INITIATIVE 6.1: DDA, via the Healthcare Initiative, will improve access to and quality of health, allied health, and behavioral health services, and improve the capacity and performance of the provider community to fully implement health care management plans.

Through peer to peer recruitment, outreach, and professional development and training, DDA and its partners will increase the number of primary care physicians, physical therapist, occupational therapists, speech therapists, psychologists and/or other health and

mental health professionals who are skilled and wish to serve persons with intellectual and developmental disabilities. DDA and its partners will continue to provide new training opportunities, consultation and written guidance to nursing and direct support professionals to improve the capacity of the provider community to support people to lead healthy lives.

INITIATIVE 6.2: Improve employment opportunities and outcomes among individuals with intellectual disabilities.

DDA will complete an assessment of current services, design a strategic plan and begin the implementation of that plan via membership in the State Employment Leadership Network to improve the quality of day, vocational and supported employment services for individuals with intellectual disabilities. These activities will be completed by the close of 2010.

PROPOSED KEY PERFORMANCE INDICATORS – Name of Division

Measure	FY08 Actual	FY09 Target	FY09 YTD	FY10 Projection	FY11 Projection	FY12 Projection
Number of individuals served	NA	NA	2030	2050	2070	2080
Percentage of intake applications received that have been responded to within required timelines.	NA	NA	15%	50%	75%	85%
Percentage of Prior Authorization requests Issued within policy	NA	NA	70%	80%	90%	95%
Percentage of ISPs that are completed on-time (annually).	NA	NA	NA	90%	95%	96%
Percentage of issues that are resolved on-time	NA	NA	10%	50%	80%	95%
Percentage of health and clinical services received within appropriate timelines	NA	NA	NA	75%	80%	85%
Percent of individuals receiving services in congregate settings (ICF/MR)	NA	NA	23%	21%	19%	18%
Number of providers on enhanced monitoring status	NA	NA	NA	5	4	3
Percentage of Investigations completed within required timelines	NA	NA	33%	75%	85%	95%
Percentage of recommendations from SRI investigations that are implemented within required timelines	NA	NA	46%	80%	85%	90%
Number of individuals requiring 1:1 supervision for behavioral support	NA	NA	165	155	150	140
Percentage of DDA staff trained in psychotropic medication and medical monitoring skills.	NA	NA	NA	90%	95%	100%
Percentage of Guardianship Packages that are filed with the court within policy by the DDA AAG.	NA	NA	20%	75%	85%	90%
Number of new health service providers identified and made available	NA	NA	0	5	4	3
Number of individuals in competitive or supported employment	NA	NA	NA	120	130	140

Office of the Director

SUMMARY OF SERVICES

The Office of the Director develops implements and manages Department programs including oversight of the Administrations, Human Resources, Contracting, Performance Management, and Information Technology.

OBJECTIVE 1: Establish an online performance management system using a Performance Reporting Online (PRO) application which includes metrics and baseline data.

INITIATIVE 1.1: Develop agency performance management program.

Implement the PRO application and incorporate dashboards of daily, weekly, monthly and quarterly reporting in the performance management system. Use data towards active performance management. The PRO application will be operational in the first quarter of FY2010 for agency-wide use. Data dashboards will be established for DDA within the first quarter of FY2010 and for RSA within the second quarter.

INITIATIVE 1.2: Educate staff on the use of performance metrics.

Train all employees and supervisors in basic data analysis techniques and data-driven decision making. Complete trainings on the above dashboards by the second quarter of FY2010.

OBJECTIVE 2: Improve the DDS website through publication of consumer/individual, provider, and agency information for the general public.

INITIATIVE 2.1: Utilize the agency website as a source of agency and clientele data.

Publish aggregate statistical summaries of consumer information including demographics, services utilized, and other pertinent information for interested community entities. Publish agency performance data around efficiencies, outcomes and other metrics. Both tasks will be completed by the end of second quarter FY2010.

INITIATIVE 2.2: Provide information to constituents on the agency website and promote greater informed choice.

Publish provider quality reviews, which will include the results of the annual provider certification reviews and other provider quality assessments. Reviews will assist consumers/individuals to make informed decision and 75% should be available online by the third quarter FY2010.

OBJECTIVE 3: Green initiative: Institute methods for reducing DDS' carbon footprint and increasing the efficiency of the agency's workforce.

INITIATIVE 3.1: Improve efficiency and reduce costs through mobile computing and teleconferencing/videoconferencing.

Minimize travel through more effective scheduling, assignments and teleconference use. Eliminate extra and unnecessary steps to recording information through the use of on-site

data entry/laptops. Employ laptops, cell phones, and a bullpen organizational format to allow for a more mobile workforce, cut down on multiple sources of energy consumption and create increased collaboration.

OBJECTIVE 4: Continue to reduce budgetary pressures through competitive contracting and improved contract administration.

INITIATIVE 4.1: Continue to renegotiate existing Human Care Agreements and other contracts to meet agency budget and guidelines.

Renegotiate Human Care Agreements, particularly rental costs for leases in excess of DDA policy guidelines and reasonable market rental rates. Reduce administrative fees as an overall percentage of contract costs.

PROPOSED KEY PERFORMANCE INDICATORS – Office of the Director

Measure	FY08 Actual	FY09 Target	FY09 YTD	FY10 Projection	FY11 Projection	FY12 Projection
Number of internal output/outcome performance management metrics electronically tracked at least quarterly	NA	NA	NA	25	40	55
Average number of monthly website visits	NA	NA	3875	5000	5500	6000
Average annual residential cost per consumer	NA	NA	\$28,832	\$28,000	\$27,500	\$27,000
Average administrative fee rate in the Human Care Agreement	20%	18%	19%	15%	15%	15%

STANDARD CITYWIDE OPERATIONAL MEASURES

Measure	FY09 YTD
Contracts	
KPI: % of sole-source contracts	
KPI: Average time from requisition to purchase order for small (under \$100K) purchases	
KPI: # of ratifications	
KPI: % of invoices processed in 30 days or less	
Customer Service	
KPI: OUC customer service score	
Finance	
KPI: Variance between agency budget estimate and actual spending	
KPI: Overtime as percent of salary pay	
KPI: Travel/Conference spending per employee	
KPI: Operating expenditures "per capita" (adjusted: per client, per resident)	
People	
KPI: Ratio of non-supervisory staff to supervisory staff	
KPI: Vacancy Rate Total for Agency	
KPI: Admin leave and sick leave hours as percent of total hours worked	
KPI: Employee turnover rate	
KPI: % of workforce eligible to retire or will be within 2 years	
KPI: Average evaluation score for staff	
KPI: Operational support employees are percent of total employees	
Property	
KPI: Square feet of office space occupied per employee	
Risk	
KPI: # of worker comp and disability claims per 100 employees	